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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)	Examiner: Danton DeMille
Eaves)	Group Art Unit: 3764
Serial No: 10/015,455)	Attorney Docket No.: E059 1010
Filed: December 13, 2001)	
For: Motion Therapy Device)	

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AMENDMENT

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Sir:

In response to the Examiner's Action mailed January 29, 2004, for the above-identified patent application, Applicants submit the following:

Amendments to the Claims are reflected in the listing of claims which begin begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

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ATLANTA 399491vl

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Eaves)

Serial No: 10/015,455)

Art Unit: 3764

Filed: December 13, 2001)

Examiner: Danton DeMille

For: Motion Therapy Device

AMENDMENT TRANSMITTAL LETTER

Mail Stop AF

Commissioner For Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

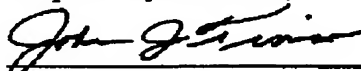
- ☒ No additional fee is required.
☐ A check in payment of the fee is attached.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate SE/LE	Additional Fee
Total Claims	18	- 20	= 0	X \$9/\$18	= \$
Indep Claims	3	- 3	= 0	X \$43\$86	= \$
			Total Additional Fee for this Amendment = \$0.00		

- ☐ A check in the amount of \$ _____ is enclosed.
☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,



Attorney Name

Reg. No.

Date

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Docket Number: E059 1010

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